

MFASIS HUMAN RESOURCE SYSTEM

Payment Reversal Form

State of Maine

Office of the State Controller

Payroll Division

Complete non-shaded areas only and submit Original to
Office of the State Controller - Payroll Division with the check to be
reversed or the deposit advice along with a personal check from the
employee made payable to the State of Maine.

Retain one copy of this form at your Agency

Date Submitted: _____

Office of the State Controller _____

Company Number: _____ Company Name: _____

Payroll Clerk: _____ Phone: _____

Employee Name: _____ Employee Number: _____

Payment Number: _____ Payment Date: _____

Pay Period Begin Date: _____ Pay Period End Date: _____

Payment Reversal Reason: _____

Was a Replacement Check issued?

Yes

No

Date: _____

Amount: _____

Upon Receipt of Pay Reversal Form

1. Child Support

2. Third Party Check

A. FIT or SIT Levies

B. Garnishments

Payment Reversal

1. HS450 Screen

2. Pay Frequency

3. Report 46

4. Date Payment Reversed _____

Note: Any payment that is more than three pay periods old must be reversed manually.